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CAPITAL INSURANCE SERVICES

Errors & Omissions Quote Sheet

Business Name: _____ FEIN #: _____ Year Established: _____
 Phone: _____ E-Mail: _____
 Location Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____ Owner or Tenant: _____
 Description of Operations: _____ Years of Experience: _____

General Information

Entity Type: Sole Proprietorship Partnership / LLP Corporation LLC
 PC Other (list): _____

Has there been any change in ownership or management in the past three years?..... Yes No

If "Yes," explain: _____

Identify all principals, persons, or entities owning 10% or more of the Applicant Company(ies), Parent Company (if any, please identify such as the parent), and indicate the percentage of ownership for each.

If "Yes," please list: _____

Type of Operation

State of Incorporation (if applicable): _____ Year of Incorporation: _____

Please describe in detail the professional services you offer to others for a fee:

Professional Services	Coverage and Effective Date Requested	Limit of Liability Requested	Total Revenue – Past 12 months	Total Revenue – Projected next 12 months
	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:			

Do you provide services or operate outside the United States?..... Yes No

If yes, please explain what services and where: _____

Do you provide any services over the internet? Yes No

If yes, please explain: _____

Please complete the following information for the current year:

Staff	Full Time	Part Time
Principals/Professionals		
Non-Professionals		

List all professional associations to which you belong: _____

Describe your five largest projects or jobs during the past three years.

Client Name	Services Rendered	Annual Revenue Derived from the Project or Job

What is the percentage in which you use a written contract: _____%

If not 100%, please explain why and how the scope of services to be provided is agreed: _____

Subcontractors:

- a) Do you use subcontractors?..... Yes No
- b) Are subcontractors required to carry professional liability insurance?..... Yes No
- c) Describe services provided by such subcontractors: _____

Do you have written procedures manual for employees to follow?..... Yes No

Do you have a formalized training program for employees? Yes No

Are any significant changes in the nature of your business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? Yes No

Do you have any subsidiaries for which coverage is requested? Yes No

If yes, please complete the schedule below:

Name	% Owned	Year Started	Description of Operations	Entity Type*

*Entity Types: FP=For-Profit (other than Partnership), NP=Non-Profit, GP=General Partnership, LP=Limited Partnership, LLC=Limited Liability Company. To enter more information, please attach a separate page to the application.

Do you use commercially available firewall protection systems to prevent unauthorized access to internal networks and computer systems? Yes No

Do you employ Anti-Virus software?..... Yes No

Insurance and Claim Information

Do you currently carry the following:

a. Professional Liability Insurance?..... Yes No

If "Yes," please complete the following:

Policy Period	Carrier	Limit of Liability	Deductible	Premium	Retro Date

b. General Liability Insurance?..... Yes No

If "Yes," please complete the following:

Policy Period	Carrier	Limit of Liability	Deductible	Premium

Was prior coverage ever cancelled or non-renewed? (other than being non-renewed due to the carrier no longer writing this type of coverage) Yes No

If "Yes," Please explain reason for non-renewal or cancellation.

Within the past 3 years have you given notice of any claim, circumstance or potential claim to any insurer under any insurance coverage referred to above?..... Yes No

If "Yes," please submit loss runs from your prior carrier.

Within the past 3 years, does any person or entity proposed for insurance have knowledge of any act, error or omission which might give rise to a claim(s) under the proposed policy? Yes No

If "Yes," attach a detailed description of such act, error or omission and an explanation of why a claim may arise.

Within the past 3 years have you cancelled or non-renewed any professional liability insurance policy? Yes No

Please attach a copy of the following for every applicant seeking coverage:

- Resumes of the principles and key employees
- Copy of a standard client contract
- Current financial statements
- Information systems policies and procedures, if any

Current Insurance Information

Company Name: _____ Annual Premium: _____ Limit of Liability: _____

Expiration Date: _____ Retention: _____